

South Carolina Department of Health & Environmental Control Office of Primary Care Box 101106 Mills/Jarrett Complex Columbia, SC 29211-0106

Box 101106 Mills/Jarrett Complex Columbia, SC 29211-0106

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Please Fax or Mail Completed Form

HEALTH CARE INTAKE FORM

The Office of Primary Care works to assist medically underserved (rural and urban) populations improve their access to primary health care. To allow us to match you with compatible practice opportunities, from our database, *please* return this completed form and a current CV. The information you provide will be treated with confidentiality and will only be released with your request/approval.

First Name Middle Initial		Last Name		Date Available	
Home Address		City		State	Zip
E-mail	Home phone	Work phone	Cell phone	Pager	
May we call you?					
☐ Yes If yes, please state b	pest time(s), place and for	ormat (e.g. pager) _			
□ No					
Education and Practice History/I					
Degree:	Specialt	<u>y:</u>			
□ PA □ RN	□ No	1 4			
□ NP □ Pharmac	eist	, describe:			
\square CNM \square Other					
Undergraduate School:		_			
		City/State		Graduation l	Date
Graduate/Professional School:		City/State		Graduation 1	Date
Logna/abligations		,			
Loans/obligations ☐ NHSC, length of time					
☐ State of SC					
☐ School Loans					
Other					
— Other					
State Licensed					
☐ If yes by which State (s)					
If currently employed					
please state:					
Name of Employer/Pr		City, State, County	Employr	nent Dates	

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Practice Considerations

Type of practice desired: (rank of	each from 1st to 9th based on p	preference)		
Multi Specialty Group Single Specialty Group Partnership	Solo Solo w/ Associate Hospital Based	State Institution Rural Health Clinic Community/Migrant Health Center		
Minimum salary requirements?				
What is your geographic prefe	erence? (Please add any info	ormation about where you want to live, h	nelp us place you.)	
□ Coastal □ No Pre	ference			
☐ Midlands Comme	ents:			
□ Upstate				
What size community would you (Remember that our focus is on a	rural communities)les	ss than 5,000 25,000 – 50,000 ,000 – 100,000 10,000 – 25,000	5,000 - 10,000 100,000 - 250,000	
Miscellaneous:				
		☐ Other type of Visa		
What is your reason for leaving	your current position?			
		elp to better match you and your family t		
Birth Date:	Marital Sta	tus: ☐ Married ☐ Significant Othe	er □ Single □ Divorced	
City/State where raised:				
Name of spouse/significant other	r and any special needs/intere	ests:		
Long-term professional goals: _				
Any added information you wou community?	ld like to share to help us to r	match you and your family to a suitable	practice opportunity and	